



1155 21st Street, NW, Washington, DC 20581
Telephone: (202) 418-5320
Facsimile: (202) 418-5523

FINANCIAL DISCLOSURE STATEMENT

Sections 6(c), 6c, and 8(a)(1) of the Commodity Exchange Act ("Act"), 7 U.S.C. §§ 9, 12(a)(1), 13a-1, and 15 authorize the Commodity Futures Trading Commission ("Commission") to initiate and conduct investigations and bring administrative and civil enforcement proceedings. In the course of an investigation or enforcement proceeding, the Commission may secure voluntary statements and submissions. The Commission's primary purpose in soliciting the information from you is to evaluate your offer of settlement and/or your ability to pay a monetary claim or judgment.

Disclosure of this information is voluntary. The Commission or the Department of Justice, if the matter is referred to that federal department, may also have the right to obtain disclosure of some of the information under statute or by subpoena.

The information you provide may be used in the routine operation of the Commission, which includes law enforcement, review of legislative and regulatory proposals, regulation of the commodity futures markets, and reviews of reports and documents filed with the Commission. The Commission may also use the information in any administrative or civil proceedings in which it is a party or any member of the Commission or its staff participates as a party.

You may request that the Commission afford the information submitted herein confidential treatment under the Commission's Freedom of Information Act rules. See 17 C.F.R. § 145.9 (2004). A request for confidential treatment allows you the opportunity to justify the need for confidentiality. The request must be in writing in accordance with Commission Rule 145.9, 17 C.F.R. § 145.9 (2004), and should be submitted when filing the financial disclosure statement. A copy of the Commission's Statements to Persons Directed to Provide Information, which includes the Routine Uses of Information, is being provided to you along with this form.

A request for confidential treatment does not guarantee confidentiality. Moreover, notwithstanding confidential treatment, copies of the financial disclosure statement will be provided to interested divisions within the Commission.

In order for the information you provide to be considered, the declaration on the last page must be properly executed.

To the extent that financial documents, tax returns and other documents are requested pursuant to the financial disclosure statement, they must be legible copies. Illegible copies do not satisfy the requirements for filing your financial disclosure statement.

After filing this form, you should promptly notify the Commission of any material change in the answer to any question on this form.

CITY Venice 11 STATE CA 90291 Rent
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PREVIOUS ADDRESSES - INCLUDING TIME PERIODS (Previous 10 years - Use additional pages if necessary)

OTHER SOCIAL SECURITY NOS.	OTHER NAMES USED	E-MAIL ADDRESS(ES)
DRIVER'S LICENSE NUMBER OK M081888139	DRIVER LICENSE STATE Oklahoma	INTERNET HOME PAGE
EMPLOYER	JOB TITLE	BUSINESS PHONE ()
NAME OF SUPERVISOR	BEGIN DATE	SALARY (INCL TIPS & COMMISSIONS)
NUMBER OF YEARS IN PRESENT POSITION	WAGE EARNER/PARTNER/SOLE PROPRIETOR?	
PRIOR WORK HISTORY INCLUDING EMPLOYER, START/END DATE, SALARY (Previous 10 Years - Use additional pages if necessary)		

SPOUSE BACKGROUND INFORMATION

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE ()
CURRENT ADDRESS		PLACE OF BIRTH	CELL PHONE ()
CITY	STATE	ZIP CODE	HOME: RENT OR OWN?
PREVIOUS ADDRESSES - INCLUDING TIME PERIODS (Previous 10 years - Use additional pages if necessary)			
OTHER SOCIAL SECURITY NOS.	OTHER NAMES USED	E-MAIL ADDRESS(ES)	
DRIVER'S LICENSE NUMBER	DRIVER LICENSE STATE	INTERNET HOME PAGE	
EMPLOYER	JOB TITLE	BUSINESS PHONE ()	
NAME OF SUPERVISOR	BEGIN DATE	SALARY (INCL TIPS & COMMISSIONS)	
NUMBER OF YEARS IN PRESENT POSITION	WAGE EARNER/PARTNER/SOLE PROPRIETOR?		
PRIOR WORK HISTORY INCLUDING EMPLOYER, START/END DATE, SALARY (Previous 10 Years - Use additional pages if necessary)			

PREVIOUS SPOUSE(S)

NAME OF PREVIOUS SPOUSE(S) (Use additional pages if necessary)	DATE OF BIRTH	PERIOD MARRIED
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CHILDREN/DEPENDENTS

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	LIVE WITH YOU? (Y/N)	DRIVERS LIC. NUMBER	DRIVERS LIC. STATE

Securities, commodities and bonds (Sched 5)
Automobiles, trucks, boats, planes,
other vehicles (Sched 6)
Business interests (Sched 7)
Personal property (Sched 8)
Judgments and settlements (Sched 9)
Cash surrender value of life ins (Sched 10)
Lines of credit (Sched 11)
Other amounts owed to you (Sched 12)
Wills, trusts and escrows (Sched 13)
Fringe benefits (Sched 14)
Transfer of assets (Sched 15)
Other assets (Sched 16)

Total

Notes, accounts payable and debts to
banks, financial institution and others
(Sched 18)
Automobiles, trucks, boats, planes, and
other vehicles (Sched 6)
Judgments and settlements (Sched 9)
Other loans and liabilities (Sched 19)
Medical, legal expenses (Sched 20)
Chattel mortgage (Sched 20)
Other liabilities

Total

0

Total net worth:
(Assets minus liabilities)

4690.40

29,499.15

29,499.15

MONTHLY INCOME/PAYMENTS

Salary (Sched 21)
Commissions, fees, bonuses, (Sched 21)
Spouse and dependents' income (Sched 21)
Real estate income (e.g. rent) (Sched 21)
Interest, dividends business income (Sched 21)
Dividends/interest on personal income
(Sched 21)
Payments by others on your behalf (Sched 21)
Disability payments (Sched 21)
Court ordered payments received
(e.g. child sup) (Sched 21)
Food stamps (Sched 21)
Social security (Sched 21)
Unemployment benefits (Sched 21)
Net commodity/securities trading profits
(Sched 21)
Annuity/pension plans (Sched 21)
Sales of assets (Sched 21)
Disbursement of capital to you (Sched 21)
Repayments of loans to you (Sched 21)
Other income (Sched 21)

Total

3500.

MONTHLY EXPENSES

Mortgage/rent (Sched 22)
Food (Sched 22)
Utilities (gas, electric, water) (Sched 22)
Automobile/transportation expenses
(Sched 22)
Credit card payments (Sched 22)
Telephone (Sched 22)
Cable television (Sched 22)
Insurance premiums (Sched 22)
Court ordered payments (e.g. child
support) (Sched 22)
Subscriptions (Sched 22)
Medical and legal expenses (Sched 22)
Loan payments (Sched 22)
Tuition (Sched 22)
Installment payments (Sched 22)
Contributions (Sched 22)
Dues (Sched 22)
Other expenses (Sched 22)

Total

Monthly Cash Flow
(Income Minus Expenses)

1650.00

1600.00
200.00

800.00
125.00
125.00

4500.00

(1000.00)

CONTINGENT LIABILITIES

As endorser of co-maker
On leases or contracts
Legal claims
Provisions for federal income tax
Other special debt

Total

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List all cash, bank and money market accounts, including but not limited to checking accounts, savings accounts, certificates of deposit, credit union accounts held by you, your spouse, or your dependents, or held by others for the benefit of you, your spouse or your dependents. The term cash includes currency and uncashed checks. Use additional pages if necessary.

Cash on Hand: _____ Cash held for your benefit: _____

Acct Name/Type	Name/Address of Financial Institution	Acct Number	Current Balance
Checking	Citibank	[REDACTED]	\$ 00.84
Total			Balance: _____

Schedule 2
Accounts and Loans Due; Notes Receivable
To or For You, Your Spouse or Your Dependents

Debtor's Name/Address	Amount Owed to You	Age of Debt	Description/Nature of Debt	Description Security Held	Date Payment Expected
Total Owed to You:					_____

Property Address
Name on Title/Deed and
Ownership Percentages

Description of Property

Date Acquired

Purchase Price

Fair Market Value
(market price minus unpaid mortgage)

Basis of Valuation

Gross Mortgage Amount

Unpaid Mortgage Amount

Monthly Mortgage Payment

Name/Address of Mortgage Holder

Mortgage Loan Account No.

Lien Amount (other than 1st mortgage)

Monthly Lien Payment

Name/Address of Lien Holder

Lien Account Number

Rental Income (if any)

Total Fair Market
Value for All Properties:

- B. List all real estate under contract to be purchased or sold by you, your spouse or your dependents.
Use additional pages if necessary.

Property Address

Name of Seller/Buyer

Contract Price

Principal Amount Owed/Due

Amount/Date of Next Payment

CFTC Form 12
Approved May 2001

Total Available: _____

Schedule 5

Securities, Commodities and Bonds

- A. Identify all securities (including listed and unlisted securities, registered and bearer bonds, state and municipal bonds, mutual funds, etc), held or controlled by you, your spouse or your dependents, or in which you, your spouse or your dependents have or had a beneficial interest at any time during the last 5 years. Use additional pages if necessary.

**Total Current
Market Value:** _____

**Total
Balance::**

C.

Total Maturity
Value:
Total Schedule 5
(5A + 5B + 5C):

Vehicle Type			
Make			
Model			
Year			
Date of Purchase			
Registered Owner's Name			
Registration State and Number			
License Plate Number			
Vehicle Location Address			
Purchase Price			
Current Value			
Account/Loan Number			
Lender's Name/Address			
Original Loan Amount			
Current Loan Balance			
Monthly Payment			
			Total Value of All Vehicles: _____

Schedule 7 Business Interests

List all businesses for which you, your spouse or your dependents are an officer, director or owner. Use additional pages if necessary.

Name/Address	Business Format	Description of Business	Positions Held in Last 5 years	Fair Market Value	Business Owner	Financial Interest in Business
						Total Financial Interest in Business: _____

Type of Property

Owner Name

Property Location

Acquisition Cost

Current Value

Total Current Value
of All Property: _____

**Total Owed
to You:**

B. Against you, your spouse or your dependents within the last 10 years.

Name, Address and Telephone Number of Opposing Party	County/State of Judgment	Name of Court of Judgment	Amount of Judgment	Date of Judgment	Nature of Lawsuit
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**Total Owed
by You:**

Schedule 10 Life Insurance

Your Policy

Spouse's Policy

Other Policy

Name of Beneficiary

Name of Insurance Company

Address of Insurance Company

Type of Policy

Face Amount of Policy

Total Cash Surrender Value

Total Loans Against Policy

Yearly Premium

To Whom Policy Assigned

Total Owed
to You: _____

Schedule 13
Wills, Trusts and Escrows

- A. Wills: Describe any vested interest in a will pursuant to which you, your spouse or your dependents are or will receive a devise, bequest other inheritance or distribution.

- B. Trusts and Escrows: List all funds or other assets that are being held in trust or escrow by any person or entity for you, your spouse or your dependents. Also, list all funds or other assets that are being held in trust or escrow by you, your spouse or your dependents for any person or entity.

Trustee/Escrow Agent's Name/Address	Date Established	Grantor	Beneficiaries	Present Market Value of Assets
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Total Present
Market Value: _____

Total Fair
Market Value: _____

Schedule 15

Transfers of Assets

List each person to whom you have transferred, in the aggregate, more than \$1,000 in funds or other assets during the previous five years by loan, gift or other transfer. For each person state the total amount transferred during that period. Use additional pages if necessary.

Transferee's Name/Address	Relationship to You	Property Transferred	Aggregate Value	Transfer Date	Type of Transfer (loan, gift)
			Total Aggregate Value of Transferred Assets:		

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Approved May 2001

Case 1: Tax

91-CM-GV
Date Incurred

Amount Owed

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Total Amount**Taxes Due:**

Schedule 18

Notes Due, Accounts Payable and Debts to Banks, Financial Institutions and Other Individuals

Itemize every note, accounts payable and debt over \$1,000 owed by you, your spouse or your dependents.

Creditor Name/Address	Amount of Note, Account Payable or Debt	Obligation Date for Note, Account Payable or Debt	When Note, Account Payable or Debt Due	Purpose of Note, Account Payable or Debt
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Amount of
Note, Account
Payable or Debt

**Obligation Date
for Note, Account
Payable or Debt**

**When
Note, Account
Payable or Debt Due**

Purpose of Note, Account Payable or Debt
--

Total Owed
by You:

Type of Loan		
Name/Address of Lender/Creditor		
Nature of Liability		
Name(s) on Liability		
Date of Liability Incurred		
Original Amount Borrowed		
Current Balance		
Payment Amount		
Frequency of Payment		
Balance Owed		
		Total Owed by You: _____

Schedule 20 Other Liabilities

A. List all outstanding medical and legal expenses incurred by you, your spouse or your dependents.

Creditor Name/Address	Type of Expense	Date Expense Incurred	Original Amount of Expense	Amount of Monthly Payment	Date Last Payment Due	Balance Owed
						Total Owed by You: _____

B. List all chattel mortgages.

Date Obligation Incurred	Original Amount of Obligation	Amount of Monthly Payment	Date Last Payment Due	Balance Owed
				Total Owed by You: _____

	Amount	Source	Address/Telephone of Source
Salary	1,500.00	Franz Plonarda MD. Inc.	9184814880
Commissions, Fees, Advances, Bonuses, etc	—		
Spouse and Dependents' Income	—		
Real Estate Income (e.g. rent)	—		
Interest and Dividends Business Income Due	—		
Dividends/Interest on Personal Income	—		
Payments by Others on Your Behalf			
Court Ordered Payments Received (e.g. child sup)	—		
Disability Payments	—		
Food Stamps	—		
Social Security	—		
Unemployment Benefits	—		
Net Commodity and Securities Trading Profits	—		
Annuity/Pension Plans	—		
Sales of Assets	—		
Disbursement of Capital to You	—		
Repayments of Loans to You	—		
Other Income	—		
		Total Monthly Income/Payments:	3500.00

Expense	Amount	Description of Expense
Mortgage/Rent	1650.00 / month	
Food	1600 / month	
Utilities (gas, electric, water)	200 / month	
Automobile and Transportation Expenses		
Credit Card Payments	800 / month	
Telephone	125 / month	
Cable Television	125 / month	
Loan Payments	—	
Insurance Premiums	—	
Subscriptions	—	
Medical and Legal Expenses	—	
Court Ordered Payments (e.g. child support)	—	
Tuition	—	
Installment Payments	—	
Contributions	—	
Dues	—	
Other Expenses	—	
		Total Monthly Expenses: 4500.00

B. Filed against you, your spouse or your dependents within the last 10 years. Use additional pages if necessary.

Opposing Party's Name/Address	Name/Address of Court	Docket Number	Relief Requested	Nature of Litigation	Status

Schedule 24 Safe Deposit Boxes

List all safe deposit boxes held by you, your spouse or your dependents.

Owner (if other than you)	Name/Address of Depository Institution	Box Number	Contents

Schedule 25 Application For Credit

List all applications for bank loans or other extensions of credit that you, your spouse or your dependents have submitted within the last two years. Provide a copy of each application, including all attachments

Name(s) on Application	Name/Address of Lender

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have examined the information given in this financial disclosure statement and I further declare that I
to the best of my knowledge and belief it is true, correct and complete. I have no other assets, owned either directly or indirectly, or income of any nature other than as
shown herein, or attached to the financial disclosure statement. I understand that material
misstatements or omissions made herein, or in any attachment hereto, may constitute criminal
violations, punishable under 18 U.S.C. § 1001 (1994) or other statutes.

The statements herein and attached hereto represent my financial condition as of the following
date: 6-7-13.



Signature

6-7-13

Date of signature

Sworn before me this June day of _____, 200 .

Notary Public

My Commission expires on _____
Date

Type of Credit Card	Name/Address of Credit Card	Account Number	Account Name	Current Balance	Monthly Minimum Payment	Credit Limit
Chase Credit Card	[REDACTED]	[REDACTED]		8863.24	259.00	8500.00
Discover				3773.55	76.00	4000.00
Citi bank	[REDACTED]	[REDACTED]		12,171.96	450.98	15,000.00

Total Credit Card Debt: 24 808.75

- B. List all lines of credit that you, your spouse or your dependents have access to or lines of credit for the beneficial interest of you, your spouse or your dependents. Use additional pages if necessary.

Name/Address of Issuing Institution	Amount of Credit Line	Amount Used	Repayment Terms
Citi bank	5500.00	4690.40	

Total Amount Available: 787.69